

**Testimony before the Appropriations Committee**  
**DMHAS Budget Hearing**  
**H.B. No. 7027 AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIUM ENDING**  
**JUNE 30, 2019**  
**DMHAS, Regional Mental Health Boards, CT Legal Rights Project Budget Cuts (All) -**  
**February 23, 2017**

**Susan Buchsbaum**  
**Stamford, Connecticut 06902**

Good Evening Senator Formica, Senator Osten, Representative Walker, and the members of the Appropriations Committee:

My name is Susan Buchsbaum and I am a registered voter in Stamford. I am here to testify about HB 7027, An Act Concerning the State Budget, as it specifically applies to cuts to vital mental health services provided by the Department of Mental Health and Addiction Services (DMHAS) and other agencies that would be affected by the Governor's proposed DMHAS budget for the next biennium.

First, I wish to speak to the budget cuts that would most affect me on a personal level. I am a person with lived experience of chronic, severe, and persistent mental illness.

Each day, DMHAS programs aid thousands of people like myself. I have been a client at the F. S. Dubois Center for 31 years. Dubois is a DMHAS facility that is part of the Southwest Connecticut Mental Health System (SWCMHS). Were it not for services I have received from Dubois, I would not be alive to share my testimony with you today. (I have had numerous serious suicide attempts). In fact, if it were not for Dubois, and DMHAS as a whole, many people with severe, chronic, and persistent mental illness who meet the criteria for receiving state services would be much worse off, or perhaps even dead.

The proposed budget cuts \$7.5 million by converting state-operated services to private operation over the next two years. This would be very harmful to people like me. If the Dubois Center were to close, I do not believe that any private agency in southwestern Connecticut would be able to provide the type and quality of treatment I, and others receive at Dubois. Privatization of state-run services is a terrible idea. DMHAS has the knowledge and experience to treat people with severe mental illness unlike any private entity. After a couple of years of experiencing serious mental illness, I was abandoned by the private sector, and committed to Fairfield Hills State Hospital – my entry into the state of Connecticut's mental health care system, 32 years ago.

With all of the budget cuts already received, Dubois operates at a bare-bones level. The position of Principal Psychiatrist has remained unfilled for ten months. Currently there is only one full-time psychiatrist at Dubois, the other two are part-time, and there is one part-time APRN. My treating psychiatrist is the only full-time psychiatrist, and she has hundreds of patients on her caseload. This situation is the same for all of the clinicians at Dubois; everyone's schedule is extremely booked up.

The number of staff at Dubois are half what they were two years ago. This does not bode well for the future of the agency, especially when considering the budget cuts to DMHAS that are currently proposed. In 2016, there were 17,363 unduplicated clients in Region 1, and 3,069 DMHAS clients in Stamford alone (as reported by DMHAS in their Annual Statistical Report for SFY 2016). Further cuts to the Dubois Center, or to any DMHAS agency would be disastrous.

All of the Dubois Center is feeling the stress of budget cuts. The PUSH program, for example can't even get bottled water for the client's who attend program activities. Bottled water is not a luxury for someone taking psychotropic medications. I have to carry water with me everywhere, as my psychotropic medications make me thirsty all of the time, and during hot months, it is dangerous to not be properly hydrated when taking certain psychotropic medications. The women's restroom has no hot water, one of the sinks doesn't work, and the paper towel dispenser is held together with duct tape. Dubois lost it's Public Safety Officer years ago along with its plant maintenance person. There is also no janitorial staff on site during the agency's normal operating hours.

I am also opposed to continuing the cuts made in FY 2017, which means holding over a \$14.2 million reduction in each fiscal year. In addition, reducing the mental health, substance use, and supported employment grants by \$4.7 million each fiscal year would cause further damage, especially since FY 2013 there has already been a 25% cut to these grants.

The proposed reorganization of behavioral health boards and councils by cutting their funding by \$1.2 million would effectively eliminate these organizations. I am a member of CACs 1 & 2 of the Southwest Regional Mental Health Board (SWRMHB). This so-called reorganization would effectively de-fund all of the Regional Mental Health Boards (RMHBs). This would be disastrous. Why? The RMHBs are the only organizations in Connecticut that provide a vital liaison between the state, local communities, and service providers to assess needs, evaluate services, and educate communities on a diverse range of mental health initiatives, concerns, and opportunities. No other organization provides independent, community-based assessment to improve the behavioral health system. There have been many occasions when I had concerns about mental health issues, or needed help with advocacy issues, where the only place I could turn for information and help was the SWRMHB.

Another budget cut that would personally affect me would be the funding of legal services (The Connecticut Legal Rights Project or CLRP) at consent decree level. An annual loss to CLRP of \$388,290 over each of the next two fiscal years would be devastating. I have personally used the services of CLRP on many occasions. CLRP is the only resource available to someone like me who is a DMHAS client with limited financial resources. These legal services are vital to me, and others like me. I am currently working on an Advanced Directive with one of CLRP's paralegal aides. She is also working on another issue for me concerning my medication. Without her assistance, I would be without legal advocacy.

Lastly, speaking of medications, please do not make dually eligible (Medicare and Medicaid) clients responsible for covering the costs of all Medicare co-pays for Part D-covered drugs. This proposed cut, under the DSS budget would cause me great economic hardship, and I will not be able to afford all of my medications. (I take a total of 14 different prescription medications each day).

In summary, I implore you to *not* make any budget cuts over the next biennium to any of the items listed above. It is difficult enough having to live with a chronic and serious mental illness. Living with the knowledge that the services that are critical to me might be cut is chilling. Please do not balance the budget at the expense of Connecticut's most fragile citizens. Keep the Promise!

Thank you for your time and attention to these matters.

Best regards,

**Susan Buchsbaum**  
**Stamford, Connecticut**  
**February 23, 2017**